

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09912418

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/						51			
2		/				52					
3			/			53					
4				/		54					
5					/	55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12	/					62					
13		/				63					
14			/			64					
15				/		65					
16					/	66					
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43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	2		↓								
TOTAL DEP.	13		←	↓							
TOTAL CLAIMS	15										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS